

Trinity Basin Preparatory, Inc.

A Public Charter School of Choice

MEDICATION ADMINISTRATION REQUEST

When your child's physician determines it is necessary to administer medication during the school day, the following procedures must be followed:

- 1) Only a parent or legal guardian may bring the medication to school.
- 2) All **PRESCRIPTION** medication must be in the **PRESCRIPTION/ORIGINAL CONTAINER** clearly labeled with the student's name, the name and dose of medication, and directions for administration. Prescribing physicians must be licensed to practice in the state of Texas.
- 3) All **NON-PRESCRIPTION** or over-the-counter medication must be in the **ORIGINAL CONTAINER** clearly labeled with directions and instructions.
- 4) **MEDICATIONS WILL NOT BE SENT HOME WITH STUDENTS.** All medication must be picked up by a parent or legal guardian.

Student's Name: _____ Date of Birth: _____ Grade: _____

Diagnosis: _____

Medication: _____

Dose: _____ Time to be Administered: _____

Special Instructions: _____

Possible side effects/Reactions/Emergency Measures: _____

Activity Restrictions: _____

MY SIGNATURE BELOW INDICATES I REQUEST THAT TBP STAFF ADMINISTER THE MEDICATION SPECIFIED ABOVE TO MY CHILD AND AGREE THAT I WILL NOT HOLD LIABLE ANY MEMBER OF THE SCHOOL STAFF AUTHORIZED TO ASSIST MY CHILD IN TAKING SAID MEDICATIONS. I ALSO AUTHORIZE TBP STAFF TO CONTACT THE PHYSICIAN FOR ADDITIONAL INFORMATION, IF NEEDED.

Parent's Signature

*Physician's Signature

Parent's Name (Printed)

Physician's Name (Printed)

Date: _____

Date: _____ Phone: _____

**Physician's signature is required to administer over-the-counter medications for more than ten (10) consecutive school days from the date of the original request.*